Instructions for Completing the Medicaid Eligibility Worksheet

Instructions: Instructions for completing the worksheet step by step. There are also links to web sites and education material for the program.

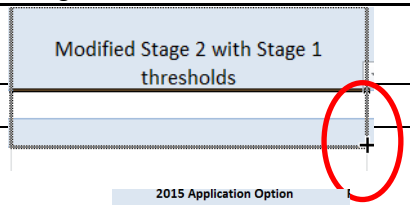
Fill in this worksheet: Complete for each provider applying for this program year. Instructions are included for completing the worksheet step by step. There are also links to web sites and education material for the program.

Patient Volume Calc: Complete with your Medicaid Eligibility for this program year application. Instruction link is on the tab

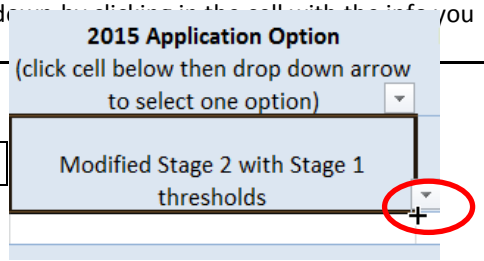
Tip sheet: Audits - Tip sheet describing the audit process and documentation requirements for the program

For submitters that are entering a large group of providers see below for instructions to insert same data into multiple cells that have a drop down option

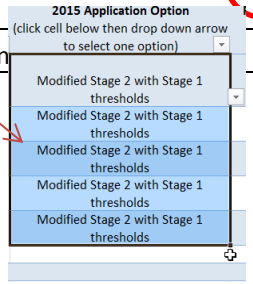
1 When completing the sheet for multiple providers that have the same info you can avoid choosing each cell then the drop down by clicking in the cell with the info you want to repeat, hold the cursor at the right lower corner until it changes to a black cross.



2 Move the cursor down the number of rows you need filled

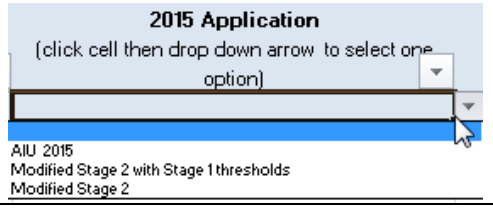
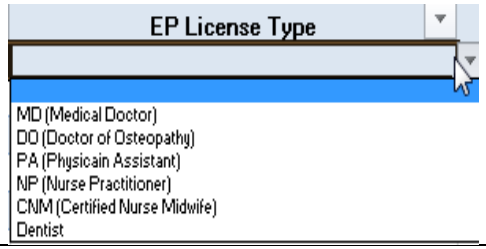
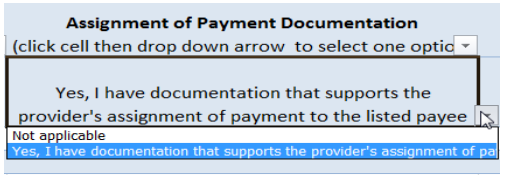


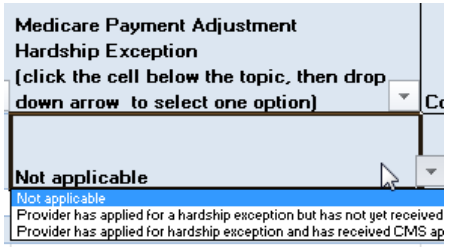
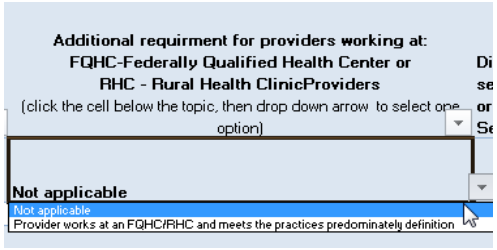
3 When you release your mouse the rows will be filled with the data chosen

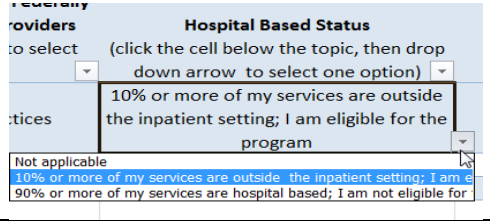
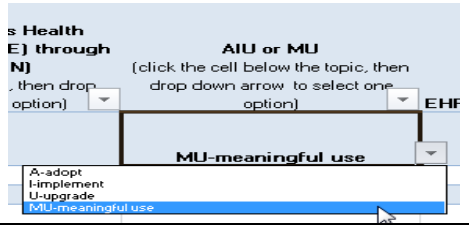
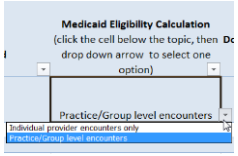


Worksheet Step by Step Instructions

	Worksheet Item	***Notes***	***Action required/Screen shot/example***
1	Preparer's Name	Name of person completing this worksheet	Jane Doe
2	Best Method of Contact	email or phone	email
3	Phone	xxx-xxx-xxxx	207-xxx-xxxx
4	Email	xxxx@xxxx.xxx	janedoe@xyz.com
5	Provider Name	List each provider name; one per line if multiple providers	Dr. Xyz
	For all cells that have a drop down option please click cell then drop down arrow to select one option		

6	2015 Application Optionschoose one	**Program Year 2015 available options:** 1. **AIU 2015** - available to providers first year of participation only. AIU does not require the submission of MU data.2. **Modified Stage 2 with Stage 1 thresholds** - available to providers that would have been submitting Stage 1 in 2015. Provider can use an alternate objective and measure if it is available. 3. **Modified Stage 2**	
		Click here for: Provider Tip sheet with 2015 Measures(.pdf)	
7	Provider's NPI Number	list the eligible provider (EP) personal NPI number	Type in: 9 digit provider NPI
8	Provider License Type choose one	The following provider types are eligible for the Medicaid MU Incentive program: **MD** (Medical Doctor), **DO** (Doctor of Osteopathy, **PA** (Physician Assistant), **NP** (Nurse Practitioner), **CNM** (Certified Nurse Midwife) and **Dentists.** **Important Note for PA's:** Physician Assistants (PA) are eligible only when they are practicing at a Federally Qualified Health Center (FQHC) that is led by a PA or a Rural Health Center (RHC) that is so led. All PA's must maintain documentation that they meet this definition.	
9	Provider Specialty	List the provider's specialty. If the providers specialty is not listed on the registration it can be added by inserting it on the I&A site. Provider types include but are not exclusive to: Psychiatrist, Cardiologist, Pediatrician, Family Practice, Surgeon, etc.	Type in specialty: example: Family Practice
10	Payee Name	If a provider is assigning payment list the payee name. **Example:** Dr. A is assigning his payment to the practice where he is under contract. You will list the name of the practice where the provider wants the payment to go.	Type in payee name: Example: XYZ Family Medicine
11	Assignment of Payment Documentation choose one	The Medicaid EHR Incentive program is a provider based program. It is up to the provider to determine where the payment is disbursed. If the provider elects, or is under contract to assign their payment the payee that receives the payment must retain documentation that supports the provider's decision. If a provider is **not** assigning to another entity select "Not applicable". If provider is assigning payment select "Yes, I have documentation that supports the provider's assignment of payment to the listed payee".	

12	Payee NPI	Enter the payee NPI that will receive payment. This NPI must be capable of receiving payments from MaineCare. **Important*** The payee NPI that is entered on the provider's registration in the CMS NLR (National Level Repository) is the payee NPI that will receive payment. You are responsible for updating the NLR registration to reflect the correct payee NPI. We (Maine MU program) cannot change the payee NPI information that is sent to us from the NLR on the provider's registration. Click here for guide: How to Make Changes or Updates to Provider Information on the CMS Registration Site	Type in the 9 digit NPI for the payee
13	Organization Structure	List the organization structure for each provider. 1. Parent 2. Practice 3. Size of practice (the number of providers at the practice is not limited to those providers participating in the Maine Medicaid EHR Incentive Program)	Type in the organization structure: Example: Parent: XYZ Healthcare; Practice: XYZ Family Medicine; Size: 8 providers
14	Provider Service Location	List the provider's physical site location. If a provider works at multiple sites outside of one organization please list all practice site names and addresses for the provider.	Type in the practice site location: Example: XYZ Family Medicine 123 Medical Place Augusta, ME
15	Medicare Payment Adjustment choose one	**Select one option from the following:** 1. NA-not applicable 2. Provider has applied for a hardship exception but has not yet received CMS approval 3. Provider has applied for hardship exception and has received CMS approval. **Important*** NP, CNM and PA's are **not** subject to the Medicare payment adjustment. Click here for Regulations-and-Guidance: Medicare Payment Adjustment	
16	Providers working at anFQHC or RHC choose one	This applies only to providers currently working in an FQHC or RHC. If you do not work at an FQHC or RHC enter NA or leave blank. If the provider works at an FQHC/RHC they must meet the definition of "practices predominantly". **Practices predominantly**, means an EP for whom the clinical location for over 50 percent of his or her total patient encounters over a period of 6 months in the most recent calendar year or the preceding 12 month period prior to this application occurs at a FQHC or RHC.If a provider has not worked at an FQHC/RHC for 6 months you should wait to apply when they meet the practices predominantly definition.	

17	Hospital Based Status choose one	A provider is considered hospital based when 90% or more of their services are performed in an Inpatient Hospital (code 21) or ER Hospital setting (code 23). Hospital based providers are **not** eligible for the Medicaid EHR Incentive Program and should not apply. If you are hospital based but **additionally** perform services greater than 10% outside of the Inpatient or ER setting and have documentation to support those services you are eligible and may apply.	
18	Maine's Health Information Exchange	Does the provider participate in Maine's Health Information Exchange (HIE) through Health InfoNet (HIN)?	type in Yes or No
19	AIU or MU choose one	Are you applying for AIU or submitting MU? If you are applying for AIU please indicate in the drop down if you are **A**-adopting CEHRT, **I**-implementing CEHRT, or **U**-upgrading CEHRT. AIU is only an option in the first year of program participation. If you are submitting meaningful use choose **MU**-meaningful use. A first time participant in the Medicaid Incentive program can choose to apply for AIU **or** to submit M for the first participation year. **Important note:** 2016 is the last year a provider may enter the Medicaid Incentive Program for AIU.	
To generate the information for your CEHRT check with your vendor if you do not know the CEHRT products; then confirm the product is listed on the CHPL (Certified Health IT Product List site).			
Click here to go the CHPL site		Click here for a guide to Generate a CEHRT ID Number 2015	
20	CEHRT Product Name	List the name of the CEHRT in use for this application	Example: athenaClinicals
21	CEHRT Vendor Name	List the name of the vendor	Example: athenahealth, Inc
22	Product Version #	List the CEHRT Product Version #	Example: 14.10
23	CHPL Product Number	List the CHPL Product Number	Example: 140056R06
24	Certification ID Number	List the generated CMS EHR Certification ID number	Example: 1314E01QEXWMEAX
25	CEHRT is 2014 Certified	All CEHRT products **must** be 2014 Certified for program year 2015. Type in **yes or no** if your product is certified to the 2014 criteria. If your product is not a 2014 certified product you are not eligible to participate in program year 2015.	type in: Yes or No
26	Medicaid Eligibility Calculation choose one	Select how the Medicaid Eligibility Calculation was determined. **Select one:** Individual provider encounters only or Practice/Group level encounters	

		Click here for Guide to calculating Medicaid Eligibility:	
27	Does the EP practice at more than one practice site?	If a provider works at multiple sites outside of a single organization type in yes. Please include documentation of the CEHRT system and location site of any additional practice locations. This applies only to additional practice sites that are not part of a single organization.	type in: Yes or No
28	Multiple Site MU Reports Combined	If a provider works at additional practice sites outside of a single organizations system they will gather all MU reports and combine the data for submission. Type in NA, yes or no if the submitted MU for this provider includes report(s) from multiple systems that were combined.	type in: NA, Yes or No
29	Comments	Please add any comments that will explain details you would like us to be aware of	
Important: All documentation for the Medicaid eligibility calculation must be maintained for six years.			